

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045870

1. Entity Name

SPRAY N' SHINE, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90195 045 \*\*\*150.00

Principal Place of Business

764 CRICKLEWOOD TERR  
HEATHROW FL 32746  
US

Mailing Address

3801 W LAKE MARY BLVD.  
#119 SUITE  
LAKE MARY FL 32746-6160  
US

2. Principal Place of Business

8233 Lake Crowell Cir  
Suite, Apt. #, etc.

3. Mailing Address

8233 Lake Crowell Cir  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3252266

Applied For

Not Applicable

Zip

32836

Country

ORANGE

Zip

32836

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAIS, GLORIA  
764 CRICKLEWOOD TERR  
HEATHROW FL 32746

7. Name and Address of New Registered Agent

Name BLAIS, GLORIA

Street Address (P.O. Box Number is Not Acceptable)

8233 Lake Crowell Cir

City Orlando

FL

Zip Code 32836

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Gloria Blais

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/2000

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BLAIS, GLORIA	
STREET ADDRESS	764 CRICKLEWOOD TERR	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLAIS, JACQUES	
STREET ADDRESS	764 CRICKLEWOOD	
CITY-ST-ZIP	HEATHROW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8233 Lake Crowell Cir
CITY-ST-ZIP	Orlando, FL 32836
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3801 W. Lake Mary Blvd #119
CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gloria Blais

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2000 407-903-1514

Date

Daytime Phone #

CR2E034 (9/99)